## Plumsted Township School District

117 Evergreen Road New Egypt, NJ 08533 Telephone (609) 758-6800 Ext. 4200 Fax (609) 758-6808 www.newegypt.us

Gerald North
Superintendent of Schools

Sean Gately
Business Administrator/Board Secretary

Type of Filing:

Waiver

**Entity Name:** 

Plumsted Twp School District

Billed Entity Number:

123438

Funding Request Number:

1799097907

Date:

December 21, 2018

Statement:

Form 472 (BEAR) service start date was incorrectly submitted as 7/1/17.

The correct service start date should have been entered as 10/15/17.

Form 472 could not be resubmitted as the deadline to apply had passed when

the notice of denial was received.

Relief Sought:

Seek a waiver in order to receive payment for eligible services in the amount of

\$9,374.40

Submitted by:

Sean Gately





Sean Gately <gatelys@newegypt.us>

## YOUR E-RATE PROGRAM REMITTANCE STATEMENT: 443014951

1 message

CustomerSupport@usac.org < CustomerSupport@usac.org > To: gatelys@newegypt.us

Tue, Oct 30, 2018 at 10:07 AM



#### SCHOOLS AND LIBRARIES BEAR PROGRAM REMITTANCE STATEMENT As Of October 30, 2018

Attn: Sean Gately

PLUMSTED TWP SCHOOL DISTRICT

RE: FCC Form 498 ID 443014951

This notice provides an explanation of your entity's Billed Entity Applicant Reimbursement (BEAR) payment for the following invoices.

|   | Approved      |
|---|---------------|
| 10/29/2018143010147 XTel Communications, Inc. 1799097907 89540 Applicant Name:PLUMSTED TWP SCHOOL DISTRICT;SLD Invoice Number:2878576;BEAR Letter Date:10/29/2018;Line Item Detail Number:9387013;Amount Requested:9374.40;Billed Date Before 486 Service-Start Date;229; | \$0.00        |
| Total Approved Disbursement   | <u>\$0.00</u> |
| Total Actual Disbursement:  | \$0.00        |

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or CustomerSupport@usac.org. You may also visit us at www.usac.org.

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Records / Funding Requests

## 2017-2018 Internet Access - 1799097907

Service Agreement Details

FRN Line Items

FCDL Comments

FCC Forms

Appeals

SPIN Changes

Service Substitutions

News

Related Actions

## **Funding Request Details**

FRN 1799097907

Nickname 2017-2018 Internet Access

FCC Form 471 #171043301

Applicant PLUMSTED TWP SCHOOL DISTRICT (BEN:

123438)

Service Type Data Transmission and/or Internet Access

Service Provider XTel Communications, Inc. (SPIN:

143010147)

Service Start Date 10/15/2017

Contract Expiration Date 6/30/2020

Status Funded

Service Delivery Deadline 6/30/2018

Invoice Deadline Date 10/29/2018

#### Narrative

Fiber Ethernet 500M Internet Access

#### **FRN Calculation**

| Monthly Charges                                 |               | Total Requested Amount                           |               |
|---|---------------|--|---------------|
| Total Monthly Recurring Charges                 | \$2,801.00    | Total Eligible Pre-Discount Recurring<br>Charges | \$18,324.00   |
| Total Monthly Ineligible Charges                | - \$765.00    | Total Eligible Pre-Discount One-Time             |               |
| Total Monthly Eligible Charges                  | = \$2,036.00  | Charges  | + \$0.00      |
| Total Number of Months of Service               | x 9           | Total Pre-Discount Charges                       | = \$18,324.00 |
| Total Eligible Pre-Discount Recurring           | = \$18,324.00 | Discount Rate                                    | 60%           |
| Charges   | \$10,32 moo   | Funding Commitment Request                       | = \$10,994.40 |
| One-Time Charges                                |               |  |               |
| Total One-Time Charges                          | \$0.00        |  |               |
| Total Ineligible One-Time Charges               | - \$0.00      |  |               |
| Total Eligible Pre-Discount One-Time<br>Charges | = \$0.00      |  |               |

#### **Invoicing Status**

Ready for Invoicing? No

FCC Form 472

Do not write in this space.

Approved by OMB OMB Control No. 3060 -

0856

Estimated time per Response: 1.0 hours

## **Universal Service for Schools and Libraries**

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

## BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form. Must be completed and signed by the Billed Entity Applicant.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

## FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)
89540

FCC Form 472 Invoice #
(To be inserted by administrator) 2878576

| BLOCK 1: HEADER INFORMATION  |                                 |
|--|---------------------------------|
| 1. Billed Entity Name  | PLUMSTED TWP SCHOOL<br>DISTRICT |
| 2. Billed Entity Number  | 123438                          |
| 3. Service Provider Identification Number (SPIN)                     | 143010147                       |
| Applicant FCC Form 498 ID  | 443014951                       |
| 4. Contact Name  | Sean Gately                     |
| 5. Contact Telephone Number  | 609- 7586890 ext 4200           |
| 6. <b>Total Reimbursement Amount</b> (total from Block 2, Column 14) | \$9,374.40                      |

Page 1 of 3

FCC Form 472

**July 2016** 

Approved by OMB OMB Control No.3060 - 0856

Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form
For reimbursement of discounts on approved services already paid for by the Billed
Entity Applicant.

Billed Entity Name \_ <u>PLUMSTED TWP SCHOOL DISTRICT</u> Billed Entity Number <u>123438</u> Contact Name <u>Sean Gately</u> Contact Telephone Number <u>609-75868904200</u> Applicant Form Identifier <u>89540</u>

## BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

| ı       |  |  |             |                          |                                    |              |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |
|---------|--|--|-------------|--------------------------|------------------------------------|--------------|--|----------------------------------|--|--------------|----------------|------------|---|---|------|--|------|--|------|--|------|
|         | (7)  | (8)  | (9          | ))                       | (10)                               |              | (10)   |                                  | (10)                                     |              | (10)           |            | (11)  | ) | (12) |  | (12) |  | (13) |  | (14) |
| A<br>Co | CC Form 471 pplication Number (from Funding ommitment Decision Letter)                       | Funding Request Number (FRN) (from Funding Commitment Decision Letter) | Bi<br>Frequ |                          | Custon<br>Billed<br>Date<br>(mm/yy | 1            | Shippi<br>Date<br>Custom<br>Last Da<br>Wor<br>Perforr<br>(mm/dd/ | to<br>er or<br>ny of<br>k<br>ned | Total<br>(Undiscoul<br>Amount<br>Service | nted)<br>for | Discou<br>Rate | 8          | Amount Billed to USAC (Column 12 multiplied by Column 13) |   |      |  |      |  |      |  |      |
|         | DO NOT For each FRN<br>WRITE IN either Colum<br>THIS COLUMN. Column (11), b<br>COLUMN. Colum |  |             | lumn (10)<br>I), but not | or                                 |              |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |
| 1       | 17104330   | 1 17990979   | 07          | NON.                     | THLY 7/1/2                         |              | 1/2017   |                                  | \$15,624.00 60                           |              | 0.00 \$9       |            | ,374.40   |   |      |  |      |  |      |  |      |
| 2       |  |  |             |                          |                                    |              |  |                                  |  |              |                | A SECULIAR |   |   |      |  |      |  |      |  |      |
| 3       |  |  |             |                          |                                    |              |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |
| 4       |  |  |             |                          |                                    | 200110100000 |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |
| 5       |  |  |             |                          |                                    |              |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |
| 6       |  |  |             |                          |                                    |              |  |                                  |  |              |                |            |   |   |      |  |      |  |      |  |      |

| 7  |  |  |  |  |
|----|--|--|--|--|
| 8  |  |  |  |  |
| 9  |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

\$9,374.40

Page 2 of 3

FCC Form 472

July 2016

Approved by OMB OMB Control No.3060 - 0856

Estimated time per Response: 1.0 hours

# **BILLED ENTITY APPLICANT Reimbursement**Form

Billed Entity Name PLUMSTED TWP SCHOOL DISTRICT

Billed Entity Number 123438

Contact Name Sean Gately

Applicant Form Identifier <u>89540</u>

## **Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this

- certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by SEAN GATELY** 

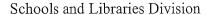
16. Date 10/24/2018

- 17. Printed name of authorized person SEAN GATELY
- 18. Title or position of authorized person BUSINESS ADMINISTRATOR
- 19. Telephone number of authorized person 609-7586800 ext 4200
- 20. Address of authorized person 117 EVERGREEN ROAD, NEW EGYPT NJ 08533

Page 3 of 3

FCC Form 472

**July 2016** 





### Form 472 (BEAR) Notification Letter

November 2, 2018

John Waring XTel Communications, Inc. 401 Rt. 73 North Bldg 10, Ste 106 Marlton, NJ 08053

Re: Invoice Number - as assigned by USAC: 2878576 Service Provider Identification Number: 143010147

Reimbursement Form Number: 89540

Billed Entity Number: 123438

Gately Sean
PLUMSTED TWP SCHOOL DISTRICT
115 EVERGREEN RD
NEW EGYPT, NJ 08533

Preferred Mode of Contact: E-mail at gatelys@newegypt.us Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR using the BEAR Online tool from the Apply Online area or Required Forms section of our website to request reimbursement for any unpaid lines.

If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- 1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
- 2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:

- Appellant name,

- Applicant name and service provider name, if different from appellant,

- Applicant BEN and Service Provider Identification Number (SPIN), - FCC Form 471 Application Number and the Funding Request Number (FRN) or Numbers as assigned by USAC,

- "Funding Commitment Decision Letter for Funding Year 2015," AND

- The exact text or the decision that you are appealing.
- 3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
- 4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
- 5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542. To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal Schools and Libraries Division - Correspondence Unit 30 Lanidex Plaza West PO Box 685 Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the Schools and Libraries section of the USAC website.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client

Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division Universal Service Administrative Company

CC: PLUMSTED TWP SCHOOL DISTRICT

#### BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 171043301 Funding Request Number: 1799097907 Funding Year 2017: 07/01/2017 - 06/30/2018

Contract Number:

Funding Commitment Decision: \$10994.40 Reimbursement Amount for this FRN: \$0.00 Reimbursement Request Decision Explanation: Billed Date Before 486 Service-Start Date;